MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51		2				
2		1						52		1				
3		1						53		1				
4		1						54		1				
5		1						55		1				
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14		2						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19	1							69						
20	1							70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		2						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38	1							88						
39		1						89						
40		1						90						
41		1						91						
42		1						92						
43		1						93						
44		1						94						
45		1						95						
46		1						96						
47		1						97						
48		1						98						
49		1						99						
50		1						100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	54							TOTAL DEP.						
TOTAL CLAIMS	58							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS